

## Certificate of Electronic Filing Under 37 CFR 1.8

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 4, 2009  
Date

/Gabriel J. McCool/

Signature

Gabriel J. McCool

Typed or printed name of person signing Certificate

58,423

Registration Number, if applicable

(203) 353-6875

Telephone Number

Note: Each paper must have its own certificate of mailing.

01-Electronic filing certificate (this page)

02-Transmittal

03-Corrected Section of Non-Compliant Amendment

04-Response to Notice of Non-Compliant Amendment

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/576,733-Conf. #4494
		Filing Date	April 21, 2006
		First Named Inventor	Ian Taylor
		Art Unit	1643
		Examiner Name	K. A. Canella
Total Number of Pages in This Submission		Attorney Docket Number	5181[67859(303981)]

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply (Corrected Section Only, i.e., page 2, as per Notice of Non-Compliant Amendment)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please Identify below):  E-File Certificate Response to Non-Compliant Amendment
<div style="border: 1px solid black; padding: 5px; min-height: 100px;">         Remarks       </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature	/Gabriel J. McCool/		
Printed name	Gabriel J. McCool		
Date	March 4, 2009	Reg. No.	58,423

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Dated: March 4, 2009

Electronic Signature for Gabriel J. McCool: /Gabriel J. McCool/